

Sent by: \_\_\_\_\_  
(Land Office or Unit)

**EMERGENCY FIREFIGHTER EMPLOYMENT FORM**

PAYCHECK AND W-2 WILL BE MAILED TO THE ADDRESS ON THE EMERGENCY  
FIREFIGHTER TIME REPORT

**IF YOUR MAILING ADDRESS IS DIFFERENT FROM PHYSICAL ADDRESS PLEASE LIST  
YOUR MAILING ADDRESS**

Employee Name \_\_\_\_\_

Employee Phone Number \_\_\_\_\_

Mailing address if different from physical address: \_\_\_\_\_  
\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

**Are you a retiree from the Public Employees' Retirement System?**

YES / NO

**Are you a current state employee? (other than with DNRC)**

YES / NO

**If yes,**

Agency Name \_\_\_\_\_

**If yes, who is your state payroll contact?**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**NOTE:** Once payroll has received your time sheet it will be processed in compliance with the  
state wide payroll system of a bi-weekly pay cycle.